

(Write your name and address below)

Write Your Social Security Number

Write Your Telephone Number

STATE-EXTENDED-BENEFITS CLAIM REVIEW

To receive state extended benefits, fill out page 2 of this form. Make sure you sign your name on page 2.

Mail or fax the completed form to us at the above address or fax number. **You must do this within one week of requesting payment on CUBLine Online or CUBLine.**

Go to www.colorado.gov/cdle/ui, click on **Forms & Publications**, and then click on **Worker Forms** to print a new blank State Extended Benefits Claim Review form for the next 2-week period. If you cannot get on the Internet and do not have a printer, you can go to your local workforce center to print new blank forms.

You must meet these requirements to receive state extended benefits:

- Make the number of job contacts you agreed to make per week.

NOTE: On state extended benefits, you are required to make at least **seven** job contacts per week unless the workforce center changed the number of job contacts you must make.

- Be registered for work with your local workforce center even if you are job-attached or union-attached.
- Be willing to accept any work you can do if that job pays more than your weekly benefit amount (unless the rate of pay is less than the current minimum wage).
- Look for work on at least two different days of the week.
- Keep a written list of your job contacts.
 - You must contact the person who has the authority to hire.
 - You must fill out a written application if the employer is accepting applications.
 - You must contact employers during the week that you are requesting payment. Also, you must make the contact on a day of the week when hiring is normally done.
 - You cannot list the same employer as a contact two weeks in a row unless the employer asks you to contact them again.
 - You cannot use a contact for self-employment as a job contact.

Write Your Name	Write Your Social Security Number
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Complete this information for the same weeks for which you requested payment of state extended benefits on CUBLine Online or CUBLine. Sign the form at the bottom of this page.

Week Ending Date _____

Date of Contact	Business Name and Physical Address	Name/Title and Telephone Number of the Person You Contacted	How You Made Contact (résumé, in-person, application, Internet, etc.)	Type of Work	Results (hired, waiting, etc.)

Week Ending Date _____

Date of Contact	Business Name and Physical Address	Name/Title and Telephone Number of the Person You Contacted	How You Made Contact (résumé, in-person, application, Internet, etc.)	Type of Work	Results (hired, waiting, etc.)

This information is true and complete to the best of my knowledge. I understand that I must continue to request payment of state extended benefits on CUBLine Online or CUBLine.

Claimant Signature	Date
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